

Big Cities Chronic Disease Community of Practice

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Minneapolis Limits Youth Exposure to Flavored Tobacco

The Role of Local Health Departments in Chronic Disease Prevention

Local health departments (LHDs) play an important role in developing healthy communities. LHDs serve as the authorities on public health, providing decision-makers from all sectors with strategic guidance on local health data and science-proven interventions.

The Big Cities Chronic Disease Community of Practice

Formed in 2007, the Big Cities Chronic Disease Community of Practice (BC-COP) comprises local health officials or senior-level chronic disease programmatic staff from LHDs representing the largest cities and metropolitan areas in the United States. The goals of the BC-COP are to identify common priorities related to healthy eating and active living, discuss evidence-based policy, system, and environment strategies, and share lessons learned during implementation. Peer sharing and support takes place through in-person meetings, webinars, phone calls, and resource sharing. The BC-COP guides the production of resources that are helpful to members and other communities seeking similar change.

Overview

To help reduce youth tobacco use in its community, the Minneapolis Health Department collaborated with the Minneapolis Youth Congress and the Minneapolis City Council to limit youth exposure and access to flavored tobacco. Their efforts resulted in an ordinance change that decreased the availability of flavored tobacco products from 325 retail locations to 25 tobacco-only establishments that restrict entry by anyone under age 18.

Challenge

Across Minnesota, flavored tobacco products (hookahs, little cigars, and e-cigarettes) are popular among youth.¹ Nationally, youth hookah use nearly doubled between 2013 and 2014,²



and in 2015, 42% of high school students reported using e-cigarettes.³ Flavorings in e-cigarettes and other tobacco products make them more appealing to youth. In 2014, 73% of high school students and 56% of middle school students who reported having used tobacco products within the past 30 days also reported having using a flavored tobacco product during the same time period.⁴

Restricting the availability of tobacco products for youth has been effective in preventing smoking initiation and reducing tobacco use among youth.⁴ While most municipalities have the authority to regulate these products, enacting new regulations to protect public health requires leadership from local public health departments combined with support from community members and organizations.

Solution

In 2014, the Minneapolis Health Department worked with the Minnesota Youth Congress, a group whose motto is “No decision about us without us,” to explore the use of cheap, flavored tobacco among Minneapolis youth. After an eight-month process of data reviews, interviews, and consideration of tobacco prevention strategies that would prevent youth use, the Minneapolis Youth Congress presented four recommendations to the Minneapolis City Council: (1) add e-cigarettes to the clean indoor air ordinance; (2) raise the price of cigars to \$2.60 per stick; (3) limit sales of flavored tobacco products to establishments that exclusively serve customers ages 18 and older; and (4) ban redemptions of tobacco coupons.

BIG CITIES CHRONIC DISEASE COMMUNITY OF PRACTICE

The Big Cities Chronic Disease Community of Practice provides local health departments, such as the Minneapolis Health Department, with focused training on how to educate cross-sectoral partners on evidence-based policy, systems, and environmental change interventions to prevent chronic disease. The collective successes of the Community of Practice pave the way for public health improvements in communities across the nation.

Following the presentation, community-based tobacco prevention advocacy organizations recruited ordinance authors and conducted outreach activities to generate support for proposed ordinances.

Through its relationship with its executive branch, the Minneapolis Health Department provided information and data related to the ordinance and its potential impact and coordinated the public comment process. Once the ordinance passed, the health department developed a flavored tobacco products guide for tobacco retailers and staff from Minneapolis Business Licensing who enforce the ordinance.

Results

In 2014, the Minneapolis City Council voted to include e-cigarettes in the city's clean indoor air ordinance. In 2015, it passed an ordinance that increases the price of cigar products and restricts the sale of flavored tobacco products (menthol, wintergreen, and mint flavors were exempted) to tobacco-products shops. This decision reduced the number of flavored tobacco retail locations from 325 to 25, greatly limiting youth exposure to tobacco products and increasing the price for everyone.

Cross-Sectoral Awareness

Partnerships are key to the success and longevity of LHDs' mission to support healthy communities. Often the large,

complex health problems that communities face are impossible to tackle alone. By educating partners, such as community-based organizations and local governmental entities, on the health impacts of proposed decisions and the importance of evidence-based interventions, LHDs can ensure communities achieve public health success.

References

1. Minnesota Department of Health Center for Health Equity and Center for Health Statistics. (2014). Teens and Tobacco in Minnesota: 2014 Update.
2. Centers for Disease Control and Prevention. (2015). E-cigarette Use Triples Among Middle and High School Students in Just One Year [press release].
3. Centers for Disease Control and Prevention. (2016). Youth Risk Behavioral Survey, 2015. Morbidity and Mortality Weekly Report, 65(6), 1-174.
4. Centers for Disease Control and Prevention. (2015). Flavored Tobacco Product Use Among Middle and High School Students – United States, 2014. Morbidity and Mortality Weekly Report, 64(38), 1066-1070.

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